

Perception of the Quality of Life amidst HIV/Aids Positive Individuals in Tertiary Care Hospitals of Lahore

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ABSTRACT

Background: The Quality of life (QOL) as defined by WHO is that individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. The intimacy about illness depends upon whether an individual relates and perceives that he or she has a good life, which would be worthwhile to review in relation to QOL.

Aim: To determine the perception of QOL of people affected with HIV/AIDS.

Methods: This was an exploratory research conducted by non-probability convenient sampling of 139 HIV/AIDS positive and registered cases at the Voluntary Counseling Testing Centers (VCT center's) at Services and Jinnah hospitals, Lahore, in 6 months in 2019. The WHOQOL BREF Questionnaire was used for data collection. Data compilation and analysis was done through SPSS software. The interviews were taken with informed consent by the investigator.

Results: In 139 cases of HIV/AIDS positive registered individuals mean age was 32.12±8.54, with 78.4% males and 21.6% females. Regarding their perception of current illness (intake of medicine other than HIV), only 19.4% claimed that they were ill. However when asked about their perception about self-health as many as 85.6% claimed that they were suffering from some illness. The remaining did not perceive their problem as illness. The response of the study participants towards their perception of quality of life (QOL) was considered to be good/ very good (33.1%) and poor/ very poor (53.9%). Whereas 12.9% thought it was neither poor nor good. The current illness and quality of life scores were not statistically significant in all domains, except social relationship domain.

Conclusion: The perception of QOL of HIV/AIDS person needs to be explored, especially in Pakistan. It is necessary to determine and address all the associated aspects which affect the QOL of HIV/AIDS patients..

Keywords: Perception, Quality of life, HIV/AIDS positive individuals, Tertiary Care Hospitals, Lahore

INTRODUCTION

HIV/AIDS is of grave public health importance, as it still causing deaths of 36.3 million people around the world¹ and globally illustrates a prevalence of 0.8%².

In Pakistan this disease is seen mainly in injectable drug users with a prevalence of 0.1% and their sexual contacts show an estimated prevalence of 21%. The male and transgender hijra sex workers display a rate of 2-3% and 4% subsequently².

Perception of illness was explained as a patient's cognitive appraisal and personal understanding of a medical condition and its potential consequences³. It was also expressed that perception of an illness may consist of a positive and negative mindset which can affect the capability to cope with it and can perceive the illness as controllable or dangerous⁴.

To live while suffering from a threatening disease as HIV/AIDS totally encompasses an individual's mental state creating fear and uncertainty. Adapting to HIV/AIDS leads to facing many challenges with relationships and its associated stigma. The need of educational intervention's and knowledge related to the disease would be helpful to understand the requirements of people with HIV/AIDS and would promote quality of care as well as quality of life⁵.

A review revealed that the illness perception domain was linked with mental health, health behaviors and physical health outcomes in patients suffering from chronic illness. Further researches are required to explore and determine means to improve illness perception domains which will be helpful to enhance health outcomes⁶.

People living with HIV/AIDS (PLWHA) have a worsen perception of quality of life (QOL). This was seen in a study in Brazil when PLWHA experienced the disease as terrible and dangerous⁷.

In Pakistan the perception of QOL regarding HIV/AIDS is of prime importance and this neglected avenue needs to be addressed to improve the health outcomes and associated stigma.

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METHODOLOGY

After getting permission from IRB, this exploratory study was completed in 6 months in 2019 by non-probability, convenient sampling on 139 selected HIV/AIDS positive and registered cases at the Voluntary Counseling Testing Centers (VCT center's) at Services and Jinnah hospitals Lahore. The study used the WHOQOL BREF Questionnaire for data collection. Data compilation and analysis was done through SPSS software. The interviews were taken with informed consent by the investigator. The WHO QOL-BREF questionnaire consists of four domain scores and two independently scored items which are linked to the participants overall perception of QOL and general health. According to the provided instructions these domains were scored and transformed for the comparison among domains and a higher score in the domains indicates a good quality of life (QOL). Further the QOL tables with domains were calculated. The frequencies regarding perception of current illness, self-health and overall quality of life were determined.

RESULTS

The study comprised 139cases of HIV/AIDS positive registered individuals with mean age 32.12±8.54. The gender distribution included 78.4% males and 21.6% females.

Table 1: Perception of respondents regarding Current Illness

Current illness	Frequency	%age
Yes	27	19.4
No	112	80.6
Total	139	100.0

Table 2: Perception of respondents regarding Self Health

Perception of Self Health	Frequency	%age
Illness	119	85.6
Problem	20	14.4
Total	139	100.0

The perception of the study participants towards their current illness and self-health was as explained. Regarding their current

illness (intake of medicine other than HIV), only 19.4% claimed that they were ill. However when asked about their perception about self-health as many as 85.6% claimed that they were suffering from some illness. The remaining did not perceive their problem as illness. The response of the study participants towards their perception of quality of life (QOL) was considered to be good/ very good (33.1%) and poor/ very poor (53.9%). Whereas 12.9% thought it was neither poor nor good.

The table describes the transformation of domain scores of Quality of life & General Health that is Physical Health, Psychological Health, Social relationships and Environment. The highest mean score was in Social relationships (64.75±16.89) followed by Environment (55.24±12.60) then Psychological (49.04±15.18) Physical Health (42.29±19.20) and lowest mean score in Quality of life & General Health (41.37±30.28).

It shows that the current illness and quality of life scores were not statistically significant in all domains, except social relationship domain. As far as social relationship domain was concerned, those respondents who thought they were currently ill

had a mean value of (58.33±15.16) as compared to (66.30±16.98) for those who thought they were not currently ill. This difference was statistically significant ($p=0.03$).

Table 6 reflects that the perception of respondents about self-health was not statistically significant in all domains except social domain. As far as social relationship domain those respondents who claimed that they were suffering from some illness had a mean value (64.92±17.15); as compared to (63.75±15.60) for those who did not perceive their problem as illness. The difference was statistically significant ($p=0.03$).

Table 3: Perception of respondents regarding overall quality of life

Perceived quality of life	Frequency	%age
Very poor	28	20.1
Poor	47	33.9
Neither poor nor good	18	12.9
Good	39	28.1
Very good	7	5.0
Total	139	100.0

Table 4: Transformation of domain scores

Domains (Transformed)	N	Minimum	Maximum	Mean	Standard Deviation
Quality of Life& General Health	139	0.00	100	41.37	30.28
Physical Health	139	0.00	96.43	42.29	19.20
Psychological	139	4.17	91.67	49.04	15.18
Social relationships	139	0.00	100	64.75	16.89
Environment	139	28.13	87.5	55.24	12.60

*transformation: According to the formula given in the questionnaire, each raw score was transformed to a 0-100 scale. (WHOQOL Manual-Body.doc)

Table 5: Perception of respondents regarding current illness versus QOL scores

Domains	Current illness	N	Mean	SD	t-test	p-value	Remarks
Quality of Life	Yes	27	48.15	23.18	1.300	0.20	Non-significant
	No	112	39.73	31.62			
Physical Health	Yes	27	47.09	15.41	1.452	0.15	Non-significant
	No	112	41.14	19.90			
Psychological	Yes	27	51.54	13.29	0.954	0.34	Non-significant
	No	112	48.44	15.59			
Social relationships	Yes	27	58.33	15.16	-2.231	0.03	Significant
	No	112	66.30	16.98			
Environment	Yes	27	52.20	13.34	-1.401	0.16	Non-significant
	No	112	55.97	12.37			

Table 6: Perception of respondents about Self Health versus QOL scores

Domain	Problem / illness	N	Mean	SD	t-test	p-value	Remarks
Quality of Life	Illness	119	38.76	31.02	1.300	0.20	Non-significant
	Problem	20	56.88	19.65			
Physical Health	Illness	119	40.22	19.71	1.452	0.15	Non-significant
	Problem	20	54.64	8.91			
Psychological	Illness	119	47.90	15.32	0.954	0.34	Non-significant
	Problem	20	55.83	12.57			
Social relationships	Illness	119	64.92	17.15	-2.231	0.03	Significant
	Problem	20	63.75	15.60			
Environment	Illness	119	54.60	11.82	-1.401	0.16	Non-significant
	Problem	20	59.06	16.34			

DISCUSSION

AIDS has ruined and affected the social framework of many communities. Its continuing spread is a major global concern. In Pakistan, there is a need to give insight into the course of disease, by taking into account how the disease impairs the subjective well-being of a person. This would help to create awareness about the challenges faced by HIV/AIDS positive individuals and may improve their perception towards QOL.

The response of the study participants towards their perception of quality of life (QOL) was considered to be good/ very good (33.1%) and poor/ very poor (53.9%). Whereas 12.9% thought it was neither poor nor good.

The level of illiteracy in people of Pakistan regarding HIV/AIDS as a disease affects the perception and leads to indifferent behaviors to the HIV/AIDS positive individuals. Socialization and stigmatization related to the disease ruins the bonding in the members of the society, causing devastating effects upon the existing health of the HIV/AIDS positive people⁸.

The perceptions that HIV/AIDS is mostly sexually transmitted that is involving immoral sexual behaviors creates assertive judgments disallowing HIV/AIDS positive people to be socially accepted. Hence instigating discrimination in giving health services to HIV/AIDS positive patients⁹.

A study conducted in Brazil observed that the perception of the quality of life (QOL) in HIV/AIDS positive patients was intermediate in all of the QOL domains¹⁰. Whereas in the study results the Social relationships (64.75±16.89) domain showed highest mean score, followed by Environment (55.24±12.60) then Psychological mean score (49.04±15.18) Physical Health (42.29±19.20) and lowest mean score in Quality of life & General Health (41.37±30.28).

It has been identified that the early diagnosis, as well good mental health along-with positive psycho-social and spiritual support play a pivotal role in the better perception of QOL in HIV/AIDS person's¹⁰.

The QOL shows a marked improvement with adopting

physical exercise as it enhances bodily function, composition, cognitive functions, socialization and self-image perception. This further promotes satisfaction with life¹¹.

The perception related to this disease makes HIV/AIDS positive persons to undergo an inner self change. They consider themselves no more the same person from inside due to the fright and socio-cultural attitudes of the society towards them¹². The study results state that when asked about their perception about self-health as many as 85.6% claimed that they were suffering from some illness.

Health related perception of QOL in HIV/AIDS positive persons needs to be addressed by introducing educational interventions in the society to further combat this disease¹³. The associated changes due to this disease transform the perception and feelings of the HIV/AIDS positive persons. This was observed in a study in India which supports that person's living with HIV/AIDS (PLWHA) find it challenging to deal with their daily activities of life¹⁴.

HIV/AIDS also needs to be thoroughly explored in terms of perception of QOL in Pakistan, to reduce the alarming rise of this disease. The introduction of societal support and awareness related to the disease transmission, progress and stigma will aid to combat it.

CONCLUSION

QOL envelops perception, which includes recognition and interpretation of sensory information which differs with each individual. The present study showed majority of the participants perceived themselves as suffering from some illness in regards to their health status. They also had different perceptions about their QOL. It can be concluded that different perceptions display a pivotal part in encompassing the QOL.

Limitations: A larger sample size would provide reliable results. In Pakistan there is deficient available literature related to perception of QOL in HIV/AIDS.

Recommendations: The low level of knowledge about the disease still prevails in Pakistan and particular awareness needs to be increased. Introducing new coping interventions related to the perception of managing the disease would be of prime importance.

Conflict of interest: Nil

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